

County: Sheboygan
SHEBOYGAN RETIREMENT HOME & BEACH HCC
930 NORTH 6TH STREET

Facility ID: 8150

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SHEBOYGAN 53081 Phone:(920) 458-2137
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 83
Total Licensed Bed Capacity (12/31/02): 84
Number of Residents on 12/31/02: 80

Ownership: Nonprofit Church
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 80

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			36.3
Supp. Home Care-Personal Care	No						More Than 4 Years			48.8
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	1.3				15.0
Day Services	No		Mental Illness (Org./Psy)	33.8	65 - 74	3.8				-----
Respite Care	No		Mental Illness (Other)	6.3	75 - 84	31.3				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	46.3				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	17.5				Full-Time Equivalent
Congregate Meals	No		Cancer	3.8		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	5.0		100.0				(12/31/02)
Other Meals	No		Cardiovascular	10.0	65 & Over	98.8				-----
Transportation	No		Cerebrovascular	15.0		-----				RNs 16.1
Referral Service	Yes		Diabetes	8.8	Sex	%				LPNs 8.3
Other Services	No		Respiratory	1.3		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	16.3	Male	13.8				Aides, & Orderlies 43.3
Mentally Ill	No			-----	Female	86.3				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	257			43	93.5	110	0	0.0	0	28	100.0	157	0	0.0	0	0	0.0	0	77	96.3
Intermediate	---	---	---			3	6.5	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.8
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0				46	100.0		0	0.0		28	100.0		0	0.0		0	0.0		80	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally	Total		
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent	Number of Residents		
Private Home/No Home Health	6.2	Bathing		7.5	62.5		30.0	80		
Private Home/With Home Health	2.5	Dressing		20.0	38.8		41.3	80		
Other Nursing Homes	6.2	Transferring		40.0	33.8		26.3	80		
Acute Care Hospitals	71.6	Toilet Use		35.0	38.8		26.3	80		
Psych. Hosp.-MR/DD Facilities	0.0	Eating		46.3	32.5		21.3	80		
Rehabilitation Hospitals	0.0	*****								
Other Locations	13.6	Continence			% Special Treatments					
Total Number of Admissions	81	Indwelling Or External Catheter			13.8			3.8		
Percent Discharges To:		Occ/Freq. Incontinent of Bladder			45.0			0.0		
Private Home/No Home Health	6.1	Occ/Freq. Incontinent of Bowel			23.8			0.0		
Private Home/With Home Health	13.4	Mobility						0.0		
Other Nursing Homes	3.7	Physically Restrained			1.3			2.5		
Acute Care Hospitals	6.1	Skin Care			Other Resident Characteristics					
Psych. Hosp.-MR/DD Facilities	0.0	With Pressure Sores			5.0			95.0		
Rehabilitation Hospitals	0.0	With Rashes			7.5					
Other Locations	22.0	Medications								
Deaths	48.8	Receiving Psychoactive Drugs						66.3		
Total Number of Discharges (Including Deaths)	82	*****								

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities										

		This Facility	Ownership:		Bed Size:		Licensure:		All	
		%	Nonprofit Peer Group		50-99 Peer Group		Skilled Peer Group		Facilities	
			%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		95.2	87.5	1.09	87.1	1.09	85.3	1.12	85.1	1.12
Current Residents from In-County		90.0	79.3	1.14	81.5	1.10	81.5	1.10	76.6	1.17
Admissions from In-County, Still Residing		35.8	21.8	1.64	20.0	1.79	20.4	1.75	20.3	1.76
Admissions/Average Daily Census		101.3	124.6	0.81	152.3	0.66	146.1	0.69	133.4	0.76
Discharges/Average Daily Census		102.5	129.0	0.79	153.5	0.67	147.5	0.70	135.3	0.76
Discharges To Private Residence/Average Daily Census		20.0	50.5	0.40	67.5	0.30	63.3	0.32	56.6	0.35
Residents Receiving Skilled Care		96.3	94.7	1.02	93.1	1.03	92.4	1.04	86.3	1.12
Residents Aged 65 and Older		98.8	96.2	1.03	95.1	1.04	92.0	1.07	87.7	1.13
Title 19 (Medicaid) Funded Residents		57.5	56.7	1.01	58.7	0.98	63.6	0.90	67.5	0.85
Private Pay Funded Residents		35.0	32.8	1.07	30.0	1.17	24.0	1.46	21.0	1.66
Developmentally Disabled Residents		0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents		40.0	35.5	1.13	33.0	1.21	36.2	1.11	33.3	1.20
General Medical Service Residents		16.3	23.8	0.68	23.2	0.70	22.5	0.72	20.5	0.79
Impaired ADL (Mean)		50.0	50.4	0.99	47.7	1.05	49.3	1.01	49.3	1.01
Psychological Problems		66.3	54.7	1.21	54.9	1.21	54.7	1.21	54.0	1.23
Nursing Care Required (Mean)		6.6	6.9	0.95	6.2	1.05	6.7	0.97	7.2	0.91